

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hironobu MACHIDA et al.

IMAGE FORMING APPARATUS AND METHOD FOR INPUTTING Title:

ENCRYPTION KEY SETTING

Appl. No.: Unassigned

February 27, 2004 Filing Date:

Examiner: Unknown

Art Unit: Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Hironobu MACHIDA Toshiyuki MITSUDOMI

Enclosed are:

- [X]Specification, Claim(s), and Abstract (51 pages).
- [X] Formal drawings (9 sheets, Figures 1-11D).
- [X]Declaration and Power of Attorney (4 pages).
- Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and [X] TOSHIBA TEC KABUSHIKI KAISHA.
- [X] Assignment Recordation Cover Sheet.
- [X]Preliminary Amendment.
- Information Disclosure Statement. [X]

- [X] Form PTO/SB/08 with copies of 4 listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).
- [X] Claim for Convention Priority with 2 certified Japanese priority documents.

The filing fee is calculated below:

	Claims		Included		Extra		Rate		Fee
	as Filed		in		Claims				Totals
			Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total	19	- .	20	=	0	X	\$18.00	=	\$0.00
Claims:									
Independents	3	-	3	=	0	X	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present: + \$290.00							=	\$0.00	
							SUBTOTAL:	=	\$770.00
[]		Sm	nall Entity I	Fees	s Apply	(subtra	act ½ of above):	=	\$0.00
					.]	OTA	L FILING FEE:	=	\$770.00
Assignment Recordation Fee:						+	\$40.00	=	\$40.00
TOTAL FEE								=	\$810.00

- [X] A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

By_

Respectfully submitted,

Date February 27, 2004

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